

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90208 035 ***158.75

DOCUMENT # P05000087571

1. Entity Name
B&B CUSTOM TRIM AND CABINETS INC.



Principal Place of Business
2333 FOX HOLLOW DR
TITUSVILLE, FL 32796

Mailing Address
2333 FOX HOLLOW DR
TITUSVILLE, FL 32796

2. Principal Place of Business
2680 Redwood Ave.
Suite, Apt. #, etc.

3. Mailing Address
2680 Redwood Ave.
Suite, Apt. #, etc.

City & State
Titusville, FL

City & State
Titusville, FL

Zip
32780

Country
Brevard

Zip
32780

Country
Brevard

6. Name and Address of Current Registered Agent
BEALE, APRIL E
2333 FOXHOLLOW DR
TITUSVILLE, FL 32796

7. Name and Address of New Registered Agent
Name
April Beale
Street Address (P.O. Box Number is Not Acceptable)
2680 Redwood Ave.
City
Titusville
FL
Zip Code
32780

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE
April Beale
DATE
4-25-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BEALE, ROBERT A 2333 FOX HOLLOW DR TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Beale 2680 Redwood Ave Titusville FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEALE, APRIL E 2333 FOXHOLLOW DR TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP April Beale 2680 Redwood Ave. Titusville FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: April Beale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 321-267-1430
Date Daytime Phone #